CAMP. ST.	AIGN FINANCE REPORT ATE OF WISCONSIN		
Is This Report an Amendment: Yes	⊠. No		
Instructions for completing schedules are on the	back of each schedule.		$\frac{1}{2} \frac{d^2 \pi}{d^2 \pi} = \frac{1}{2} \frac{d^2 \pi}$
COMMITTEE IDENTIFICATION			. 11:11
Star forward		-	allon Langua
4823 Greendale Rd		O	FFICE USE ONLY
Valders W1 5424		GAB ID N	umber: 10 5324
Please check if address is different than previously reported	l, and complete the Campaign Registration	n Statement in :	the back of this form
REPORT PERIOD		- Constituting in	the back of this form.
☐ January Continuing ☐ Pre-Primary ☐ July Continuing 20/2 ☐ Pre-Election	Spring Fall	☐ Special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A		
DISBURSEMENTS	This Period	**************************************	Column B Calendar
1. RECEIPTS			Year-To-Date
1A. Contributions (Including Loans) from Individuals	s 1385	\$	1385
1B. Contributions from Committees (Transfers-In)	\$ 0	\$	7
1C. Other Income and Commercial Loans	s 0	\$	0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1385	\$	1385
2. DISBURSEMENTS		Ţ	1285
2A. Gross Expenditures	\$ 624.84	\$	624.84
2B. Contributions to Committees (Transfers-Out)	\$	\$	041.01
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 624.84	\$	(54.611
CASH SUMMARY	<i>y</i> . , , , , , , , , , , , , , , , , , ,		1007.07
Cash Balance Beginning of Report	\$ <i>O</i>		
Total Receipts	s 1385	1	
Subtotal	\$ 1385,00		
Total Disbursements	\$ 624.84		
CASH BALANCE END OF REPORT	\$ \$760.16		
NCURRED OBLIGATIONS Balance at the Close of This Period-3A)	\$ 460.52		
OANS (Balance at the Close of This Period-3B)	s O		
certify that I have examined this report and to the best of	Complemental 11 to 01 to		

he best of my knowledge and belief it is true, correct and complete

() athurd () Ci	Signature of Candidate or Treasurer	Date:
	Dundy Stington	Daytime Phone: 970-6847696

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to prov ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability Boa

Form prescribed by the Government Accountability Boa 608-266-8005.



RECEIPTS Contributions (Including Loans) From Individuals

Page / of 2

Startorward

Instructions f	or completing schedules are on the back of each sche	dule.		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
	Bernard Starzewski			1
4/25/12	4823 Green dale Rd. Valders, WI 54245		8_	8_
//	Valders, WI 54245		50,00	\$50.00
	Check if: In-Kind Loan Conduit Conduit GABID#			į
]	Robert Dobbs			
5/14/12	1516 20th St.		25,00	¢
1 "	Two Rivers, W7 54241		25,00	25.00
	Check if: In-Kind Loan Conduit Conduit GABID#			
	Richard L Larson	Businessowner		
clal-	1717 C 2/ th C+	Whitewall Tire	8 200.00	×
حالهالوا	1212 S 26th St.	3/02/0 CtuRdC	200.00	200-00
	Manitowoc, WI 54220	3626 Cty RdC Manitowoc, WI 54220		
	Check if: In-Kind Loan Conduit Conduit GABID#			·· · · · · · · · · · · · · · · · · · ·
6/.1/2	Bernard Starzewsk 4823 Greendale Rd	Landlord	>	<i>9</i> 2
1/1/2	4823 Greendale Rd	self employed	400.00	\$ 450.00
12	Valders, W1 54245			, , ,
	Check if: In-Kind Loan Conduit Conduit GABID#			
		teacher-retired		
6/5/12	Theodore E Schoenke 10320 Cty Rd JJ	rucher - refired	8	*
, , ,	Manitowoc, Wi 54220		300.00	300.00
			je.	
	Check if: In-Kind Loan Conduit Conduit GABID#			
10/5/-	Constantine Starzewski	enginees-retired	D/	و
6/5/12	740 Nicolet Blud		100.00	100.00
	Menasha, W1 54952			
	Check if: In-Kind Loan Conduit Conduit GABID#		1	
1//	Mary Ellen Beebe 1696 Skyline Dr Manitowoc, WI 54220	toochan retired		
6/15/12	160/2 Skaline Dr.	reactor retition	8	8
,	Mantowas Ill (H22		150.00	150.00
	Check if: In-Kind Loan Conduit Conduit GABID#			
		TEMPER CONTRACT	. (225	1.000
	SUBIUTAL	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s /226	1225
	TOTAL HARM	TOTAL ITEMIZED CONTRIBUTIONS	\$	
		EMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL CONTRIBU	JTIONS RECEIVED FROM INDIVIDUALS	\$	

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

Complete Committee Name	
Startorward	
Jan 101 ward	

Instructions for	or completing schedules are on the back of each sche	dule.		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
	Ron Kaminski 846 N. 84h St. Manitowoc Wi 54220			
Cal.	Que . 1 CV4 C1			
28/12	846 N. 872 ST.		50.00	l &
112	Manitowoc Wi 54220		50.00	50.00
	Check if: Un-Kind U and Conduit Conduit Conduit			
	Bhagat Singh 408 State St. Man, towac, Wi 54220 Check if: In-Kind I Loan Conduit Conduit GABID#			
11	Bhagat Lingh			
291	408 State St.		100.00	*
1/12	Man trulas lais Tilas		100.00	100.00
	Man 10000c, 01 54220		1	
-	Check if: In-Kind Loan Conduit Conduit GABID#			
			1	
	Check if: In-Kind Loan Conduit Conduit GABID#			
··	CHOCK IN TOTAL CONTROL CONTROL GABILIF			
			ľ	,
	Check if: In-Kind Loan Conduit Conduit GABID#			
			i	
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
			1	
			İ	
	Check if: In-Kind Loan Conduit Conduit GABID#			
	i i			
Î	<u></u>			
,				
1				
	Check if: In-Kind Loan Conduit Conduit GABID#			2007 509 000000
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 150	150
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 1375	1375
	TOTAL UNIT	EMIZED CONTRIBUTIONS \$20 OR LESS	\$ 10	10
		UTIONS RECEIVED FROM INDIVIDUALS	s 1385	1385
			1040	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

	,	,
Page_	of	/

(Transfers-In)				
nplete Com	Star forward			
	or completing schedules are on the back of each schedule.			
Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
		2		
	Check if: In-Kind Loan	:		
	Check if: In-Kind Loan			, -
	1		}	
	Check if:			
	ł			
	Check if: In-Kind Loan			
			ľ	
	Check if: In-Kind Loan			
	m time Louis			
	Check if: In-Kind Loan			
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if: In-Kind Loan			
	Check if: In-Kind Loan		ļ	
	Orece ii. II-Kind Loan			· · · · · · · · · · · · · · · · · · ·

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | \$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$

Check if: In-Kind Loan

SC	HFI	HIC	F 1	I-C
0		701		-0

RECEIPTS Other Income and Commercial Loans

Page __/_ of __/

Complete Con	Instructions for completing schedules are on the back of each schedule.		
Instructions 1	for completing schedules are on the back of each s	phodule	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
			1
Í			
*			
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	s
		TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
		TOTAL OTHER INCOME	, 0
			The state of the s

Check if: In-Kind Offset

DISBURSEMENTS

SCHEDUL	E 2-A Gross Ex	penditures	Page <u>/</u> of <u>/</u>
Complete Comm	rforward		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/1/12	Bernard Starzewski 4823 Green dale Rd. Valders W1 54245 Check if In-Kind Offset 54245	Campaign office Hnt	\$ 400.00
6/15/12	Fricke Printing Service 2011 5, 14 th St. Manitowoc Wi 54220 Check if: 1 In-Kind Offset	(Business cards) Printing-brochures	1 1 1 1 1 1 1
415/12	Christel Sig is 105 N. 4th Ave 5t. Na Zianz, WI 54232 Check if: In-Kind Offset	1	
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 599.40
TOTAL ITEMIZED EXPENDITURES	: 599.40
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	: 25.44
TOTAL EXPENDITURES	.62484

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

	1	4
Page	of	/

uciions i	or completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
	Check if: In-Kind Loan			
·	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if:			
	Check if:			
	Check if: ☐ In-Kind ☐ Loan			
1000 1000 1000 1000 1000 1000 1000 100	Check if:			
<u> </u>	Check if:			
	Check if: In-Kind Loan			

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page ____ of ____

Complete C	Committee Name				
Instruction	tar for ward s for completing schedules are on the back of each schedu	ule			
		Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payme This Period	At Close of This
4 /8 /2	Full Name, Mailing Address and Zip Code of Creditor Bernard Starzewski 4823, Green date Kol	O Nature of Debt (Purpose	8/13.79	0	Period 9 //3, 79
Date	Valders, WI 54245 Full Name, Mailing Address and Zip Code of Creditor	Credit car	d - E16 F	at Cow -	Media.
5/8/2	Beinard Starzewski 4823 Greendale Rd	Nature of Debt (Purpose	52.49	0	52.49
Date	Fulf Name, Mailing Address and Zip Code of Creditor	Gedit can	- Fride	Knoking	- Brochers
28/2	Bernard Starzewski 4823 Greendate Rd	Nature of Debt (Purpose	243,00	0	243.00 Printing
Date	Full Name, Mailing Address and Zip Code of Creditor	Credit Card	- Tustbal	lons com	- misc
1 1		Nature of Debt (Purpose)		
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					s 409 28
			: 409.28		
TOTAL ITEMIZED OBLIGATIONS TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					 409 28 409 28 51.24 460.52
TOTAL INCURRED OBLIGATIONS					: 460.52

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

	Í	/
Page .	o	f <u> </u>

Complete Com	Star farcinal					
Instructions fo	or completing schedules are on the back of each	schedule				
Date	Full Name, Mailing Address and Zip Code of Loan So	urce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1			1			
List All Endorse	ers or Guarantors (if any)		_L			1
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Name and Address of Employer				
		Amount Guarante	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor		\$ Occupation				
		Name and Addres	ss of Employer	1702		
		Amount Guarante	ed Outstanding			
Date	Full Name, Mailing Address and Zip Code of Loan Sou	urce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1						
List All Endorse	rs or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Name and Address of Employer				
		Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
			Name and Address of Employer			
		Amount Guarantee	ed Outstanding			
Date	Full Name, Mailing Address and Zip Code of Loan Sou	irce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /						
List All Endorser	rs or Guarantors (if any)		L	W.W. A		
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Name and Address	s of Employer			
		Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Name and Address	s of Employer			
		Amount Guaranteed Outstanding				
		\$	· · · · · · · · · · · · · · · · · · ·			
			SUBTOTAL O	JTSTANDING LOAM	S THIS PAGE	\$
				TOTAL OUTSTAN	NDING LOANS	, 0